

Bowen Island Better at Home Program Intake Form

Date: _____

Participant Information:		
First Name:	Last Name:	
Preferred Name:	Date of Birth:	
Phone (Primary):	Phone (Secondary):	
Phone Notes:		
Email:		
Full Address (including city and postal code):		
Billing Information (if different than above):		
First Name:	Last Name:	Relationship:
Billing Address:		
Bill by Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Email:	
Household Information:		
Access Instructions (ex. Buzzer #):		
Household Notes:		
Does the Client Live Alone? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	Marital Status:	
Gender:	Ethnic Origin:	
Primary Language Spoke at Home?	Translator Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact	
First Name:	Last Name:
Relationship to Client:	Email:
Primary Number:	Secondary Number:
Alternate Contact Notes:	
Referral Source:	
<p>How was the client referred to Better at Home?</p> <p><input type="checkbox"/> Health Authority (VCH) ↳ Name & Phone number: _____</p> <p><input type="checkbox"/> Doctor <input type="checkbox"/> Advertisement <input type="checkbox"/> Family or Friend</p> <p><input type="checkbox"/> North Shore Community Resources <input type="checkbox"/> Other: _____</p>	
Better at Home Services (*Delivered by volunteers and contingent on their availability)	
<p>Service(s) required: <input type="checkbox"/> Friendly Visiting* <input type="checkbox"/> Grocery Services* <input type="checkbox"/> Light Housekeeping</p> <p><input type="checkbox"/> Light Yard Work* <input type="checkbox"/> Minor Home Repairs* <input type="checkbox"/> Transportation* <input type="checkbox"/></p>	
Services Notes:	
Transportation Methods:	
<p>Transportation Methods:</p> <p><input type="checkbox"/> Own vehicle <input type="checkbox"/> Friends/Family/Neighbour <input type="checkbox"/> Public Transit</p> <p><input type="checkbox"/> Volunteer Driver Program <input type="checkbox"/> Walk <input type="checkbox"/> Other</p>	
Home	
Accommodation Type:	
<p><input type="checkbox"/> House <input type="checkbox"/> Suite in House <input type="checkbox"/> Apartment/Condo <input type="checkbox"/> Assisted Living <input type="checkbox"/> Other</p>	
Accommodation Notes:	

Potential Hazards:
Are there any risks in client's home (ex. pets, provide quantity, size, and type), bed bugs, cigarette smoke, weapons)?
Health:
Does the client have any healthcare concerns that we should know about (ex. physical disabilities, mental health issues, cognitive impairments, visual or hearing impairments)? <u>If yes, please describe below:</u>
Allergies:
Does the client have any allergies that we should know about (ex. perfume, scent, food)?
Mobility Aids:
<input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Foldable Wheelchair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Other <input type="checkbox"/> Subsidized <input type="checkbox"/> Other
Other Health Concerns:
Which other support services is the client currently receiving? (Vancouver Coastal Health (VCH) Home and Community Care, Veterans Affairs, etc.) Please list:
Recent Life Events:



Financial:

Verification of income:
 Income Tax Return (please do not attach, enter dollar amount below)

Assessed fee category:
OFFICE USE ONLY

Amount from Line 15000 Total Income: \$ _____

If the applicant is between the ages of 55-64, please specify if they are currently receiving financial disability assistance (PWD).
 Yes* No PWD attached*

*Note: proof of PWD must be submitted before an application can be processed.

*Better at Home staff will review client NOA information approximately every 3 years

Sliding Scale for Service Fees (based on total income, Line 15000 on Notice of Assessment)

Fee Category	Single Income (for clients living alone)	Household Income (for clients not living alone)	Basis	Charge to Client
A	At or Below \$21,400	At or Below \$32,550	Guaranteed Income Supplement (GIS) & Old Age Security (OAS)	100% subsidy, <i>(donations accepted)</i>
B	\$21,401-30,200	\$32,551- \$45,700	Above GIS cutoff, but below average income	80% subsidy
C	\$30,201-35,400	\$45,701 – 62,800		60% subsidy
D	\$35,401-40,550	\$62,801 -79,900		40% subsidy
E	40,551-45,700	\$79,901 – 96,900		20% subsidy
F	Over \$45,700	Over \$96,900	Average income for BC persons aged 65+	No subsidy

Receiving Other Publicly Funded Home Support?

Yes No

If yes,

Veteran’s Affair Canada Health Authority Other (if other, please describe below)

Would the fees charged for Better at Home services result in significant hardship for the client (e.g., inability to pay bills, buy medication and groceries, or meet financial obligations such as debt payments)? If yes, please describe below:

Terms - As a client of Bowen Island Better at Home Program you:

Have the right to:

- Be treated with respect, courtesy, honesty and consideration.
- Have your private information kept confidential unless otherwise specified by you or in cases where abuse, neglect, or harm to self or others is suspected.
- Receive information about the services you are seeking or receiving and to have your inquiries answered.
- Request a change in volunteer and/or contractor providing service if a reasonable cause can be cited and upon availability of service providers within the service capacity of the Better at Home Program.
- Be informed of any changes to your services and choose to refuse or to terminate service at anytime.

Have the responsibility to:

- Treat staff, contractors, and volunteers with respect, courtesy, and consideration without regard to race, colour, religion, national origin, gender, sexual preference, age, or disability.
- Not solicit or request volunteers or the staff of contractors to perform work 'on the side' or to extend their scheduled time of an appointment.
- Respect the right of volunteers and contractors to refuse any task which they feel is unsafe or inappropriate.
- Keep equipment, which may be used by contractors and volunteers, in safe operating condition.
- Provide a safe environment for contractors and/or volunteers to work.
- Provide necessary information promptly, accurately, and in good faith and ask questions for clarification.
- Inform a Better at Home service coordinator, contractor, and/or volunteer when an appointment for service is cancelled with a minimum of 24 hours cancellation notice.
- Keep your account financially up to date and provide verification of income as required.
- Abide by these responsibilities and understand that your Better at Home services can be terminated at any time by North Shore Community Resources if they are not being adhered to.

Additional Notes:

Consent for the Release of Information & Waiver:

North Shore Community Resources Society and the “Better at Home” program may need to share the personal information provided in this Intake Form with Better at Home contracted service companies and Better at Home volunteers to provide the client with appropriate services. Any correspondence will be made only in the best interest of the client and with as much confidentiality as possible. It is a client’s right to cancel or change his or her consent at any time. This request should be confirmed in writing. North Shore Community Resources hereby excludes liability for any claims, losses, demands or damages.

I _____ have read and agreed to the above terms and consent to release to the North Shore Community Resources Society and the “Better at Home” program the personal information provided in this document and understand this information will only be used to provide me with appropriate services, which I reserve the right to cancel at any time.

Signature of Client or Designate

Date

If submitted on behalf of a client:

Please provide the contact information of the person making the referral.

Name

Phone Number

Relationship to client

Email

To receive emails about North Shore Community Resources, including the agency’s quarterly e-newsletter, please scan the QR code below with your phone camera and follow the instructions:



Better at Home is funded by the Government of British Columbia.